

DEMOLITION NOTIFICATION with ASBESTOS PROJECT PERMIT APPLICATION

To be submitted to the department at least two weeks (10 working days) prior to the start of work.

This form may be completed online at <https://app.mt.gov/AsbestosPermits>

TYPE OF APPLICATION/PERMIT

ACCOUNTING CODE: 574832 / 502702 / 02202

☐ Project Permit ☐ Demo Notification ☐ Courtesy Notification

TYPE OF ACTIVITY

☐ Demolition (M) ☐ Enclosure (N) ☐ Renovation (R) ☐ Transport/Disposal (TD)
☐ Emergency Renovation (E) ☐ Ordered Demolition (O) ☐ Repair (P)
☐ Encapsulate (S) ☐ Remove (V) ☐ Revision to Permit No: MT P/N/C/F:

ASBESTOS PROJECT CONTRACTOR (Operator)

Asbestos Project Contractor, Individual or Company Name

Mailing Address City State Zip County

Company E-Mail Address (Optional) Contractor Contact Person (First and Last Name)

Telephone Number

Fax Number

On-Site Project Contractor/Supervisor

Contractor/Supervisor Accreditation Number

Expiration Date

DEMOLITION/RENOVATION CONTRACTOR (Operator)

Demolition/Renovation Contractor, Individual or Company Name

Mailing Address City State Zip County

Company E-Mail Address (Optional) Contractor Contact Person (First and Last Name)

Telephone Number

Fax Number

SITE/BUILDING OWNER

Owner Name

Mailing Address City State Zip County

Telephone Number

Contractor Contact Person for Owner(First and Last Name)

SITE INFORMATION

Building Name / Site (Please note that site name listed may not be reflected on permit or online listing of approved projects)

Location Address City State Zip County

Site Contact Person (First and Last Name)

Site or Contact Person Telephone Number

Building Size (sq. ft.)

Number of Floors

Age of Site in Years

Latitude

Longitude

LOCATION PRESENT USE*

*Commercial ~ Hospital ~ Industrial ~ Miscellaneous ~ Office ~ Public Building ~ Residence ~ School ~ Ship/Boat ~ University/College ~ Vacant

☐ C ☐ H ☐ I ☐ M ☐ O ☐ P ☐ R ☐ S ☐ B ☐ U ☐ V

LOCATION PRIOR USE*

☐ C ☐ H ☐ I ☐ M ☐ O ☐ P ☐ R ☐ S ☐ B ☐ U ☐ V

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION

Is Asbestos Present? ☐ Yes ☐ No Inspection Date:

Printed Name of Inspector Who Performed Inspection

Accreditation Number

Expiration Date

The above-referenced inspection report must be kept on site during the asbestos project, and during subsequent renovations or demolition.

SCHEDULED DATES FOR ON-SITE ASBESTOS ACTIVITY*

Start Date (MM/DD/YYYY)

Complete Date (MM/DD/YYYY)

SCHEDULED DATES FOR DEMOLITION/RENOVATION

Start Date (MM/DD/YYYY)

Complete Date (MM/DD/YYYY)

*T&D of waste not done under permit is noted below.

SCHEDULED DATES FOR ASBESTOS WASTE DISPOSAL

(When not disposed of during permitted dates.)

Start Date (MM/DD/YYYY)

Complete Date (MM/DD/YYYY)

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS-CONTAINING MATERIAL <i>(See Continuation Sheet (MTACP-LACMCS: PDF / Word) to list more items)</i>							
		Regulated ACM (Description)	Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be removed		
Amount	Measurement		CAT I	CAT II	CAT 1	CAT II	
1	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA						
2	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA						
3	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA						
4	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA						
5	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA						
6	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA						
7	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA						
RACM WASTE TRANSPORTER		<input type="checkbox"/> Check if same as Asbestos Project Contractor					
<i>Contractor, Individual or Company Name</i>							
<i>Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>		
<i>Telephone Number</i>		<i>Fax Number</i>		<i>Transporter Contact Person (First and Last Name)</i>			
ACM WASTE DISPOSAL SITE							
<input type="checkbox"/> Allied Waste Systems - Missoula		<input type="checkbox"/> Coral Creek - Baker		<input type="checkbox"/> Northern MT - Conrad			
<input type="checkbox"/> Butte Silver Bow - Butte		<input type="checkbox"/> Daniels County - Scobey		<input type="checkbox"/> Park County - Livingston			
<input type="checkbox"/> City of Billings - Billings		<input type="checkbox"/> Flathead County - Kalispell		<input type="checkbox"/> Richland - Sidney			
<input type="checkbox"/> City of Hardin - Hardin		<input type="checkbox"/> High Plains Site 1 - Great Falls/Floweree		<input type="checkbox"/> Sheridan County - Plentywood			
<input type="checkbox"/> City of Malta - Malta		<input type="checkbox"/> Libby Class II - Libby		<input type="checkbox"/> Valley County - Glasgow			
<input type="checkbox"/> City of Shelby - Shelby		<input type="checkbox"/> Miles City - Miles City		<input type="checkbox"/> Valleyview - Helena			
<input type="checkbox"/> Other:							
PROJECT DESIGN INFORMATION (Written PD must be kept on site during activities)							
Description of transportation & disposal procedures, or planned demolition or renovation work and method(s) to be used:							
Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition and renovation site:							
<input type="checkbox"/> See Annual Standard Operating Project Design (SOPD), Number:							
Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder:							
<i>Print First and Last Name of Project Designer (PD)</i>				<i>(Accreditation Number/Exp. Date)</i>			
I certify that: an individual trained in the provisions of 40 CFR part 61, subpart M will be on-site during the demolition or renovation; that evidence of the required training accomplished by this person will be available for inspection during the project work hours; that all work pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, Mont. Code Ann. §§ 75-2-501--519, ARM 17.74.301 - 17.74.406; that all asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility; and that for all projects, as applicable, a copy of the application, approved permit, project design, sketch, list of workers, and asbestos inspection report will be posted on site, and that a copy of the contract will be on site, available for department review. I also certify that all the information contained herein is correct.							
<i>Printed Name / Signature</i>						<i>Date</i>	
Contract Volume and Fee Information							
Associated Costs		Cost	Fee Total	Check No.	Receipt Log No.		
		x .10					
Non-Associated Costs							
Mail completed form and fee to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901							
Got List Serve? http://svc.mt.gov/deq/ListServe/asbestosStep1.asp							

DEMOLITION NOTIFICATION with ASBESTOS PROJECT PERMIT APPLICATION

MTACP01-R7

--- ORDERED DEMOLITION ---

IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH ORDER

Name: _____ Title: _____

Authority: _____

Date of Order: _____ Date Ordered to Begin: _____

EMERGENCY RENOVATION (Contact the department before submitting)

FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION

Date and Hour of Emergency _____

Date _____ Hour _____

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

SPECIAL NOTE:

FOR ASBESTOS PROJECTS PLEASE ENSURE THE FOLLOWING IS POSTED ON SITE PER ARM 17.74.355

A. Approved permit from the department.

B1. Project design with sketch. -OR-

B2. Current Contractor Annual Standard Operating Project Design, project specific sketch, and approved variance request.

C. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.

D. Asbestos inspection report

E. *FOR WORK AT SCHOOLS: Copy of the initial course certificate and the most recent refresher certificate (Per 40 CFR 763, Subpart E, App. C, paragraph I(C)).*

----- Submit this page only if notifying of an Ordered Demolition or Emergency Renovation -----